
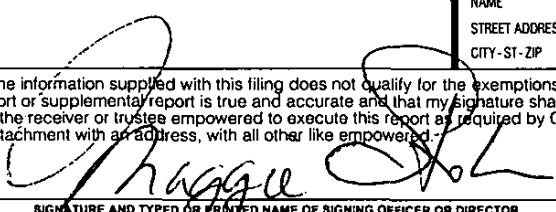


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90170 028 ****61.25

DOCUMENT # N01000005866 1. Entity Name BEACH COLONY EAST CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business WOODWARD, PIRES & LOMBARDO 3200 TAMiami TR. N., STE 200 NAPLES, FL 34103		Mailing Address WOODWARD, PIRES & LOMBARDO 3200 TAMiami TR. N., STE 200 NAPLES, FL 34103	
2. Principal Place of Business 13597 PERDIDO KEY DR. Suite, Apt. #, etc.		3. Mailing Address C/O STEPHENSON RESORT Suite, Apt. #, etc. MANAGEMENT INC P O BOX 34200	
City & State Pensacola, FL		City & State Pensacola, FL 32507	
Zip 32507	Country ESCAMBIA	Zip 32507	Country ESCAMBIA
4. FEI Number 59-3740107		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME RETHATI, GEORGE O STREET ADDRESS 13601 PERDIDO KEY DRIVE CITY-ST-ZIP PENSACOLA, FL 32607	<input checked="" type="checkbox"/> Delete	TITLE PD NAME MARGARET MEAD STOKES STREET ADDRESS 13597 PERDIDO KEY DRIVE, Unit 16B CITY-ST-ZIP Pensacola, FL 32522	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HESTER, KIM STREET ADDRESS 13601 PERDIDO KEY DRIVE CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete	TITLE VD NAME ANNE A. GLASS STREET ADDRESS 1600 WINGFIELD DRIVE CITY-ST-ZIP BIRMINGHAM, AL 35242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ABDALLAH, LISA STREET ADDRESS 13601 PERDIDO KEY DRIVE CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete	TITLE SD NAME LEWIS H. DICKSON, JR. STREET ADDRESS 105 WATERFORD CIRCLE CITY-ST-ZIP Lenoir City, TN 37772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE TD NAME TONY BIRD STREET ADDRESS 508 CARMENERE DRIVE CITY-ST-ZIP KENNER, LA 70065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME RANDY A. KEITH STREET ADDRESS 384 TAMARACK TRAIL CITY-ST-ZIP CANTON, GA 30115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 4/29/06 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			